FORM INIRP-C
State Form 4950 (Revised 8/00)

State of Indiana
International Registration Plan
TRANSACTION SCHEDULE C

SECTION 1

1. Registrant Name:	7. Mailing Address Change:	14. Account Number	15. Fleet No.	16. Registration Year: ____Current

Complete Lines 2-12 and 19 for CHANGES only.
Please refer to the back for Line by Line Instructions.

8. County: 9. City: 17. IFTA License Number: ____ Upcoming

2. Street Address Change: 3. County: 10. State: 11. Zip Code: 12. US DOT Number: 18. Taxpayer Identification Number: 20. Vehicle Transfer: from Fleet #: _____

4. City: 5. State: 6. Zip Code: 13. Contact Name Change: 19. Telephone Number Change: ( ) to Fleet #: _____

SECTION 2

Indicate the appropriate weight in the jurisdiction for the vehicle(s) listed in Section 3.

AB	AK	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA
IA	ID	IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN
MO	MS	MT	MX	NB	NC	ND	NE	NF	NH	NJ	NM	NS
NT	NV	NY	OH	OK	ON	OR	PA	PE	PQ	RI	SC	SD
SK	TN	TX	UT	VA	VT	WA	WI	WV	WY	YT		

SECTION 3

1 UNIT NUMBER	2 YEAR	3 VEHICLE MAKE	4 VEHICLE IDENTIFICATION NUMBER	5 TYPE	6 AXLES or SEATS	7 U.S. DOT NUMBER	8 FUEL	9 UNLADEN WEIGHT	10 DECLARED GROSS WEIGHT	11 DECLARED COMBINED GROSS WEIGHT	12 PURCHASE PRICE	13 FACTORY PRICE	14 PURCHASE DATE	15 LESSOR

SECTION 4

1 UNIT NUMBER	2 YEAR	3 VEHICLE MAKE	4 VEHICLE IDENTIFICATION NUMBER	5 UNLADEN WEIGHT	6 DECLARED GROSS WEIGHT	7 DECLARED COMBINED GROSS WEIGHT	8 LESSOR	9 APPORTIONED LICENSE NUMBER	10 REPLACEMENT UNIT NUMBERS

SECTION 5

To designate a Transaction Type, place an X in the appropriate box.

TRANSACTION TYPE:

☐ Account Mailing Address Change ☐ Carrier Type Change ☐ Fleet Mailing Address Change ☐ License Plate Transfer ☐ Weight Decrease
☐ Account Street Address Change ☐ Contact Name Change ☐ Fleet Street Address Change ☐ Registrant Name Change ☐ Weight Increase
☐ Additional Jurisdiction ☐ Contact Telephone Number Change ☐ Fleet to Fleet Vehicle Transfer ☐ Replacement License Plate ☐ Others
☐ Additional Vehicle ☐ Duplicate Cab Card ☐ Lessor Name Change ☐ Vehicle Deletion

Schedule C Instructions

SECTION 1

Line 1: Enter the Registrant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Registrant/Applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

Lines 2 through 6: TO BE COMPLETED FOR CHANGES ONLY. Enter the Street Address Change for an Account or Fleet. Be certain to designate the appropriate change in Section 5, Transactions Types.

Lines 7 through 11: TO BE COMPLETED FOR CHANGES ONLY. Enter the Mailing Address Change for an Account or Fleet. Be certain to designate the appropriate change in Section 5, Transactions Types.

Line 12: Enter the US DOT Number of the Registrant. All IRP Registrants are required to obtain a US DOT Number unique to the Registrant. The US DOT Number should be in the name in which the Applicant registered with the Indiana Secretary of State or Indiana Department of Revenue. If the Applicant is operating under the authority of a lessor, the Applicant must register the apportionable vehicles with the lessor's US DOT Number (as indicated in Section 3, Line 7).

Lines 13 and 19: TO BE COMPLETED FOR CHANGES ONLY. Enter the name of the new Contact Person and Contact Person Telephone Number. Be certain to designate the appropriate change in Section 5, Transaction Types.

Line 14: Enter the IRP Account Number.

Line 15: Enter the Fleet Number.

Line 16: Enter an X in the appropriate Registration Year for the Transaction Type. If both boxes are marked with an X, then the transaction will be processed for the current Registration Year and the next Registration Year.

Line 17: Enter the International Fuel Tax License Number. The Applicant is responsible for providing proof of IFTA responsibility whether through the Applicant having an IFTA License or through the Lease Agreement.

Line 18: Enter the Taxpayer Identification Number of the Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

Line 19: See Line 13 instructions.

Line 20: Enter the Fleet Numbers for the Fleet to Fleet Vehicle Transfer. The Fleets must be in the same Registrant Name.

SECTION 2

Indicate the appropriate weight in the jurisdiction for the vehicle(s) listed in Section 3. The weight must be the "Declared Combined Gross Weight" or the "Declared Gross Vehicle Weight" as shown in Section 3, Columns 10 and 11. California weight is shown at the "Unladen Weight" as shown in Section 3, Column 9.

SECTION 3

Column 1: Enter the Registrant assigned Unit Number or Equipment Number for the vehicle.

Column 2: Enter the last two digits of the Model Year of the vehicle.

Column 3: Enter the Vehicle Make using the three letter abbreviation that is shown on the Vehicle Title or Title Application.

Column 4: Enter the entire Vehicle Identification Number (VIN) as shown on the Certificate of Title or Title Application.

Column 5: Enter the Vehicle Type:

Vehicle Types: TK-Truck (single), TR-Tractor, TT-Truck Tractor, RT-Road Tractor, ST-Semi-Trailer, FT-Full Trailer, BS-Bus, WR-Wrecker, CG-Converter Gear. (Use only the abbreviation.) For a complete description and illustration, please refer to the 2001 IRP Manual.

Enter "5ST" for five-year Semi-Trailer plate or "PST" for Permanent Semi-Trailer plate.

Column 6: Enter the number of Axles, including axles used in a tandem group. If registering a Bus, indicate the rated Seat capacity.

Column 7: Enter the US DOT Number of the entity responsible for the vehicle safety fitness. If the Registrant is a lessee, the responsible party will be determined via a Lease Agreement.

Column 8: Enter the Fuel Type. Fuel Types are as follows:
D - Diesel, G - Gasoline, P - Propane, O-Other. (Use only the abbreviation).

Column 9: Enter the weight of the vehicle fully equipped for service excluding the weight of any load.

Column 10: Enter the total unladen weight of the vehicle plus the maximum load to be carried on the vehicle.

Column 11: Enter the total unladen weight of the combination of vehicles plus the maximum load to be carried on that combination of vehicles.

Column 12: Enter the actual purchase price of the vehicle paid by the current owner, excluding trade in and the sales tax, including accessories or modifications attached to the vehicle.

Column 13: Enter the manufacturer's retail price, excluding trade in and the sales tax, including accessories or modifications attached to the vehicle.

Column 14: Enter the month and year the vehicle was purchased by the current owner.

Column 15: Enter the name of the titled owner, if the vehicle is not owned by the Applicant.

SECTION 4

If the Transaction Type is an apportioned license plate transfer, the apportioned license plate will be transferred, in the order they are listed in Section 4, to the vehicles listed in Section 3.

Column 1: See Section 3, Column 1 instruction.

Column 2: See Section 3, Column 2 instruction.

Column 3: See Section 3, Column 3 instruction.

Column 4: See Section 3, Column 4 instruction.

Column 5: See Section 3, Column 9 instruction.

Column 6: See Section 3, Column 10 instruciton.

Column 7: See Section 3, Column 11 instructin.

Column 8: See Section 3, Column 15 instruction.

Column 9: Enter the approtioned license plate number that is to be transferred or returned to the IRP Unit.

Column 10: Enter the Unit Number of the vehicle replacing the deleted vehicle.

SECTION 5

Place an **X** in the box to designate the Transaction Type to be processed.